AUTHORIZATION TO ADD All Seasons, LLC As additional insured

Date:	
Insurance Company:Agent:	
Phone Number:	
Dear Agent,	
I have contracted with All Seasons, LLC to ma	anage the following rental property:
Address Po	icy #
the purpose of <u>liability only.</u> Mail the endo	ferenced policies as "Additional Insured", for rsement directly to All Seasons, LLC; 1610 S. O 80905 and send me a copy also.
	endorsement. If this is incorrect, contact me for your prompt assistance in this matter.
Sincerely,	
Policy Owner Signature	 Date

This form has not been approved by the Colorado Real Estate Commission. It was prepared by Kenneth E. Davidson, attorney for All Seasons, LLC CRMC.